

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

30093
State File No. 531

FILED SEP 20 1951

BIRTH NO.		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 5513		Registrar's No. 86	
1. PLACE OF DEATH a. COUNTY <u>Holt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Holt</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Bigelow township</u>		c. LENGTH OF STAY (In this place) <u>8 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Bigelow township</u>		d. STREET ADDRESS (If rural, give location) <u>Rural - 5 1/2 miles south of Craig</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural - 5 1/2 miles south of Craig</u>				d. STREET ADDRESS (If rural, give location) <u>Rural - 5 1/2 miles south of Craig</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>Lenderman</u>		c. (Last) <u>Bowman</u>		4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 12, 1885</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Mountain Blue, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Peacock</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary M. Patton Oxford</u> ADDRESS <u>1239 W. 1st Broadway Broken Bow, Neb.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular-Renal Disease</u> DUE TO (c) <u>Pyelonephritis - Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>55810</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2475</u> <u>3475</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 1950, to <u>Sept 9</u> , 1951, that I last saw the deceased alive on <u>Sept 1</u> , 1951, and that death occurred at <u>3A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. J. B. M. Roe A.O.2</u>				23b. ADDRESS <u>Craig Mo.</u>		23c. DATE SIGNED <u>9/11/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial + Removal</u>		24b. DATE <u>9/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jonesville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Berwyn Neb.</u>	
DATE REC'D BY LOCAL REG. <u>9/14/51</u>		REGISTRAR'S SIGNATURE <u>D. J. Cracy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Schooner</u> ADDRESS <u>Craig, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Myself
working under my personal supervision.

Student Embalmer No.

Signed _____

Wilbur L. Scholer

Signed
Student Embalmer

Licensed Embalmer No. *3997*

P. O. Address *Craig, Mo. -*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.